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23rd Annual
Hospice of Lenawee
Run, Walk and Bike Tour
In Memory of Bruce Jones

Sunday, June 25, 2006 Blissfield, Michigan





Entry Form

Name:							
Street:							
City/State/Zip:							
Phone: ()				_			
I would like to participate in m	nemory	of:		_			
	L M	L	XL	2X			
Race Day Age:	_	Sex:		_			
Event: 1 Mile Walk/R 5K Run/Walk Bike Only Bike & 5K	un		_ 10K R _ Bike 8	tun/Walk k 10K			
Fees: 1 Mile: \$10 5K/10K/Bike: \$15 before June 18, 2006 5K/10K/Bike: \$20 after June 19, 2006							
Total Registration Fee Enclos Donation: Total Enclosed:		\$ \$					
Make checks payable to Hospice of Lenawee Please accept my entry in the Hospice of Lenawee Run, Walk and Bike Tour. I hereby state that I have conditioned myself properly for the event in which I am entered. I waive any rights I have against the Hospice of Lenawee Run, Walk and Bike Tour officials, sponsors, and all participating groups for damage or injuries occasioned by my participation in this event.							
Entrant's Signature:							
X(Parent's signature requ	ired if e	ntrant is	_ Date: under 1	8)			
Parent's Signature:			_ Date: _				

Events Schedule

RUN:

5K, 10K Certified Runs & 1 Mile Fun Run

- 5K-M187021SH
- 10K-MI97017SH

Location:

Blissfield High School 630 South Lane Street Blissfield, Michigan

Time:

7:15-8:15am Registration 8:00am Worship Service 8:30am 5Kstart 8:40am 10K start 9:45am one mile start

Awards given to first three finishers in each 5-year age division for each sex.

WALK:

• 1 Mile & 5K non-competitive

Location:

Blissfield High School 630 South Lane Street Blissfield, Michigan

Time:

7:15-8:15am Registration 8:00am Worship Service 8:30am 5Kstart 9:45am one mile start

1 mile ribbons for 10 year olds and under

BIKE:

50K course hosted by Siena Heights University. Non-competitive, round trip from Adrian to Blissfield. Helmets are required for all bikers!

Location:

Siena Heights University Fieldhouse, 1247 Siena Heights Drive, Adrian, Michigan

Time:

6:15-6:45am Registration 7:00am Start

Bikers eligible for run of choice at no extra charge

Directors

Run & Walk:

Bike:

Bill Kenyon (517) 263-8769 Art Weeber (517) 486-3196 Tom MacNaughton (517) 265-6814 Trudy McSorley (517) 263-4296

Al Navarro (517) 486-2610

Hospice of Lenawee (517) 263-2323



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What is the Hospice of Lenawee Run, Walk & Bike Tour in Memory of Bruce Jones?

This annual event, now in its 23rd year, benefits Hospice of Lenawee. It is named in memory of Dr. Bruce Jones who was instrumental in bringing the Hospice philosophy to Lenawee County. He was Hospice's first medical director and served as board member and board president in Hospice's early years. The funds raised are used to support the care of patients and programs not covered by insurance.

What is the mission of Hospice of Lenawee?

The mission of Hospice of Lenawee is to provide the best quality of life for those living with a life limiting illness through timely individualized physical, social, emotional and spiritual support. Hospice of Lenawee is committed to providing bereavement services for Hospice and Lenawee County families and friends.

Pledges ...

Entry fee is waived if you collect \$100 or more in pledges. Pledge forms can either be returned to the Hospice of Lenawee office at 415 Mill Road, Adrian, Michigan or turned in on race day.

How to enter ...

Send your completed entry form with full payment to Hospice of Lenawee before June 16, 2006.

Signatures ...

Please be certain that the release line shows and adult signature. Participants under 18 years of age must have their parent or guardian sign the release.

Photos ...

A volunteer has graciously donated their time to photograph runners/walkers as they complete the race. Photographs will be available at the Main Street Stable and Tavern behind the Hathaway House in Blissfield on or after July 3, 2006.

Participating in memory of a loved one ...

If you would like to run, walk or bike in memory of someone, please look for the memorial table after you have registered. There is no extra fee.



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Pledge Sheet Entry Fee Waived for \$100+ in Pledges

	Name:		_	
	Street:		_	
	City/State Zip:		_	
	Phone: ()	_		
Name/Address:		Amount Pledged	Amount Collected	